Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03/18/2014	Address:	1050 S West if 400 E	
Incident #:	14ISPC002225		Walton, IN 46994	
County:	Cass			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			(check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	l: Location (bedroom, kitchen, open air, of apply) or Birch Reaction(s): Vehicle	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
☐ Flammable Solvents: <u>Vehicle</u>				
Water Reactive Metal (Lithium): <u>Vehicle</u>				
Anhydrous Ammonia:				
Corrosive Acid: Vehicle				
Corrosive Base: <u>Vehicle</u>				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:	James Allen Carter 2B4GP24G3XR471974 1999	Make: Model:	Dodge Caravan /white	
Child under age 18 discovered (check appropriate) Yes (number present) No Children not present but evidence they reside or visit often		unclean Estimated ler occurring: U	Living conditions of home: clean disarray unclean Estimated length of time manufacturing had been occurring: Unknown Additional Information:	
This report	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:	
Fire Department City, Township or County <u>Logansport Fire.</u> Fax: <u>E-mailed</u> Health Department County: <u>Cass County</u> Fax: <u>E-mailed</u> Department of Child Services Hotline: <u>dcshotlinereports@dcs.in.gov</u> Fax: 317-234-7595 or 317-234-7596				
	ormation regarding this methamphetar Officer: Wendell Beachy Phon	nine laboratory, cont e <u>765-473-6666</u>	act	

^{*}This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.